

## Book Review

***The Evidence for Vascular Surgery.* Jonathan J. Earnshaw, John A. Murie, A Joint Vascular Research Group Book 2007. tfm Publishing Ltd: Shrewsbury, UK, ISBN 1903378451 9781903378458.**

This is the second and expanded edition of The Joint Vascular Research Group effort “The Evidence for Vascular Surgery” published the first time eight years ago. Characteristic to a multi-author book a personal touch of each author are still recognizable as noticed by M. Armon in his comments on the first edition in EJVES 2000; 12: 217–218.

John Murie highlights the nature of surgical evidence and evidence based practice in the elegant first chapter. Evidence is grounds for belief in something, he states and admits that surgery has not always followed an evidential path. Indeed, the influence of trend setters, i.e. eminence based practice, is often greater than that of other modes of education. Eminence based decision making may give best possible outcomes but be the worst scenario when not based on evidence.

Yet, not all evidence is of equal value and there are not only one, but many attempts to build up evidential hierarchy to illustrate the strengths and weakness of propositions. One of those are systematically used throughout the book to allow the reader to evaluate the clinical data. That hierarchy is commonly used but rather liberal. One single randomised study may have too much impact. Also, despite whatever evidence the reader has always to consider the generalizability of the presented data. Indeed, randomised clinical trials, the proof for level 1 evidence, are to be used only to determine, whether, on a balance of scientific probability, there is a difference or the difference is lacking in outcome of treatments with broadly similar outcome. The RCT's are only to identify marginal outcome differences.

Assessment of scientific information has improved considerably after the publication of the first edition. Wider formal search strategies to ensure competent search, with clear explanations what has been included and what excluded, are used in this second edition. Yet, there is apparent positive bias. Although gross fabrication of data is rare, problems may arise from data mismanagement, ever-increasing influential presence of

industry as a silent partner as well as unpublished negative results.

Indications for carotid endarterectomy are presented clearly. Yet the key points stating that there is no advantage from surgery over best medical therapy in patients with symptomatic carotid stenosis <70% can be argued in the light of the results from the NASCET 50–69% stenosis group. Controversies around carotid angioplasty are updated beautifully.

The role of supervised exercise programmes have been emphasised soon 30 years, and indeed there is significant improvement on treadmill walking distances in the groups included. The problem, of course, is whether these results can be generalized for all claudicants.

Use of endovascular techniques for infrainguinal revascularisations is increasing. Yet, there is only one study to show that balloon angioplasty has equally good short term outcome as bypass surgery. It also has a lower early morbidity rate, though higher need for reoperations. An A level recommendation is considered appropriate in the book, though the generalizability of the results of the BASIL trial are low.

Management of critical ischaemia and prevention of amputation in a potentially ambulant patient is an unsettled issue. Wisely, the authors pinpoint that the old European Consensus Document recommendation that “a reconstructive procedure should be attempted if there is a 25% chance of saving the useful limb for a patient at least one year” is not evidence based. Yet they do not give any data to support their own recommendation that reconstruction requires a success rate of 75% at one year to become cost-effective.

The chapter of nonsurgical treatment of critical leg ischaemia is practically the same as in the previous edition with only 3 out of 25 references from this millennium when those on gene and stem cell therapy were excluded. Key points with only 1a evidence and level A recommendations easily mislead the reader to overestimate the value of these methods.

As to the aneurysm screening the chapter emphasises the decrease in aneurysm related mortality of 42–66% obtained by screening. Cost-effectiveness

of screening was underlined as well. Counter evidence has been deemed inappropriate and not accepted. The questions remains, screening is worthwhile, but for whom and where. Simplified answer that clinical benefits of screening 65-year old men for AAA are proven beyond reasonable doubt (1a/A) may be criticised.

New diagnostic and interventional techniques for varicose veins are presented in three chapters, all of which illustrate the paucity of comparative evidence on these methods.

All in all, this book is easy to read and contains a lot of useful information in a well-set form with good pictures and highlighted key points for the hasty reader.

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